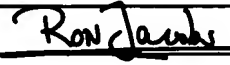

 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/800415
	Filing Date	3/12/2004
	First Named Inventor	David L. Orr
	Art Unit	3634
	Examiner Name	James C. Dooley
Total Number of Pages in This Submission	Attorney Docket Number	DAV-101/CIP

ENCLOSURES ( <i>Check all that apply</i> )			
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/Declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Doc(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings  <input type="checkbox"/> Licensing-related papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC  <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Comm. to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other ( <i>Specified below</i> )	Other: <u>Credit Card Form (Charge \$60.00) for Extension of Time</u> _____ _____ _____
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Ron Jacobs		
DATE	1/25/06	REGISTRATION NUMBER	50,142

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Sylvia Lee
DATE	1/25/06

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.  
**SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**



<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	10/800415
		Filing Date	3/12/2004
		First Named Inventor	David L. Orr
		Art Unit	3634
<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	James C. Dooley
TOTAL AMOUNT OF PAYMENT	\$60	Attorney Docket Number	DAV-101/CIP

METHOD OF PAYMENT ( <i>Check all that apply</i> )							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees.							
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
<b>1. Basic Filing, Search and Examination Fees</b>							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. Excess Claims Fees</b>							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)							
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)							
2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold		Extra Claims	Fee (\$)			
6	- 20	=	0	X \$50 (\$25)			\$0
Indep. Claims	Threshold		Extra Claims	Fee (\$)			
1	- 3	=	0	X \$200 (\$100)			\$0
Multiple Dep. Claims				Fee (\$)			
<input type="checkbox"/>				\$360 (\$180)			
<b>3. Application Size Fee</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =		X \$250 (\$125)				\$0
				01/27/2006 CCHAU1	00000058	10800415	
<b>4. Other Fee(s)</b>							
				01 FC:2251			60.00 0P
Non-English specification (\$130 fee, no small entity discount)							
Other: \$60.00 One month extension of time for Response to Restriction Requirement							\$60.00

SIGNATURE <u>Ron Jacobs</u>			
PRINTED NAME	Ron Jacobs	TELEPHONE	650-424-0100
DATE	1/25/06	REGISTRATION NUMBER	50,142